

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00090121	2 Total pages filed: 18		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Kathryn	MI	OFFICE USE ONLY		
	NICKNAME Katie	LAST Wilson	SUFFIX	Date Received ELECTRONICALLY FILED 02/02/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1539 S. Mason Rd. #16 Katy, TX 77450			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Clint R.	MI			
	NICKNAME	LAST Reed	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2800 North Loop W. Suite 900 Houston, TX 77092					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 796-3454					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 01/01/2026	Day	Year	Month 01/22/2026	Day	Year
THROUGH						
10 ELECTION	ELECTION DATE Month 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) District Judge District 183rd		

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

2 of 18

13 C / OH NAME	Wilson, Kathryn (Ms.)		14 Filer ID (Ethics Commission Filers) 00090121												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME													
		COMMITTEE CAMPAIGN TREASURER ADDRESS													
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00												
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 5,285.31												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. TOTAL POLITICAL EXPENDITURES		\$ 1,950.66												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 3,561.51												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00												
17 AFFIDAVIT															
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p>															
<p>Ms. Kathryn Wilson _____ Signature of Candidate or Officeholder</p>															
AFFIX NOTARY STAMP / SEAL ABOVE															
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>															
Signature of officer administering oath		Printed name of officer administering oath													
		Title of officer administering oath													

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

3 of 18

18 FILER NAME	19 Filer ID (Ethics Commission Filers) 00090121
Wilson, Kathryn (Ms.)	
20 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 3,940.00	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 1,345.31	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$	
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 1,950.66	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/8 Rpt: 4/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ball, Brandon (Mr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77288	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Assistant Chief Public Defender
10 Contributor's employer/law firm Harris County Public Defender's Office		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Barber, Christina	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459	
Contributor's Principal Occupation SAHM		Contributor's Job Title wife & mom
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bell, Antoy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Le Marque, TX 77568	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Johnson Williams Bell		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/8 Rpt: 5/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bella, Julia 6 Contributor address; City; State; Zip Code Richmond, TX 77469	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Defense Attorney		9 Contributor's Job Title attorney
10 Contributor's employer/law firm The Bella Law Firm		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/15/2026 Contributor address; City; State; Zip Code Houston, TX 77007		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Assistant Public Defender
Contributor's employer/law firm Harris County Public Defender's Office		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/09/2026 Contributor address; City; State; Zip Code Houston, TX 77002		Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Assistand Public Defender
Contributor's employer/law firm Harris County Public Defender's Office		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/8 Rpt: 6/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Ellen 6 Contributor address; City; State; Zip Code Menlo Park, CA 94025	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation attorney		9 Contributor's Job Title Legal Data Lead
10 Contributor's employer/law firm Lex Machina		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/10/2026 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darnell, Drew (Mr.) Contributor address; City; State; Zip Code Sugar Land, TX 77478		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title attorney
Contributor's employer/law firm Kisluk Law Firm		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/15/2026 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Lara, Ricardo Contributor address; City; State; Zip Code Houston, TX 77057		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm De Lara Law Firm		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/8 Rpt: 7/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donley, Roger 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Assistant Public Defender
10 Contributor's employer/law firm Harris County Public Defender's Office		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/18/2026 Contributor address; City; State; Zip Code Houston, TX 78056		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title attorney
Contributor's employer/law firm The Francis Firm, PC		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/08/2026 Contributor address; City; State; Zip Code Houston, TX 77002		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Assistant Public Defender
Contributor's employer/law firm Harris County Public Defender's Office		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/8 Rpt: 8/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Virginia (Mrs.) 6 Contributor address; City; State; Zip Code Fort Collins, CO 80521	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation SAHM		9 Contributor's Job Title wife & mother
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/08/2026		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Chelsea (Mrs.) Contributor address; City; State; Zip Code Katy, TX 77450
Contributor's Principal Occupation Medical		Contributor's Job Title Nurse
Contributor's employer/law firm Memorial Hermann		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/17/2026		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Angie Contributor address; City; State; Zip Code Spring , TX 77379
Contributor's Principal Occupation Attorney		Contributor's Job Title Assistant Public Defender
Contributor's employer/law firm Harris County Public Defender's Office		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/8 Rpt: 9/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petry, Luciana 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title attorney
10 Contributor's employer/law firm Petry Law Firm		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/07/2026 Contributor address; City; State; Zip Code Missouri City, TX 77459		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation aesthetician		Contributor's Job Title aesthetician/business owner
Contributor's employer/law firm Luminance Health & Beaty Clinic		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/15/2026 Contributor address; City; State; Zip Code Richmond, TX 77469		Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation SAHM		Contributor's Job Title wife & mom
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/8 Rpt: 10/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyna, Crystal 6 Contributor address; City; State; Zip Code Houston, TX 77089	7 Amount of Contribution (\$) \$50.00
	8 Contributor's Principal Occupation Attorney	
10 Contributor's employer/law firm Harris County Public Defender's Office		11 Law firm of contributor's spouse (if any) Harris County Public Defender's Office
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/15/2026 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong, Arielle Contributor address; City; State; Zip Code Houston , TX 77057		Amount of Contribution (\$) \$20.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Assistant Public Defender
Contributor's employer/law firm Harris County Public Defender's Office		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/11/2026 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Trisha (Mrs.) Contributor address; City; State; Zip Code Missouri City, TX 77459		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation expediting manager		Contributor's Job Title Freeport McMoran
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/8 Rpt: 11/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vuong, David 6 Contributor address; City; State; Zip Code Houston, TX 77082	7 Amount of Contribution (\$) \$300.00
8 Contributor's Principal Occupation lawyer		9 Contributor's Job Title attorney
10 Contributor's employer/law firm David Vuong Law Firm		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Miles Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$20.00
Contributor's Principal Occupation Financial Planning & Analysis		Contributor's Job Title Senior Decision Support Analyst
Contributor's employer/law firm Community Health Choice		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 01/15/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mendoza, Michael 7 Contributor address; City; State; Zip Code Houston, TX 77007	8 Amount of contribution (\$) 9 In-kind contribution description \$1,345.31 Covered cost of fundraiser. <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL) attorney		13 Contributor's job title (FOR JUDICIAL) (See instructions) attorney
14 Contributor's employer/law firm (FOR JUDICIAL) Mendoza Legal Group		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) n/a
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 13/18	2 FILER NAME Wilson, Kathryn (Ms.)	3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/05/2026	5 Payee name Amazon	
6 Amount (\$) \$74.30	7 Payee address; City; 410 Terry Ave North Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Envelopes/ mailing supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/12/2026	Payee name Amazon	
Amount (\$) \$75.70	Payee address; City; 410 Terry Ave North Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Envelopes to mail push cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/20/2026	Payee name Aviva Wholesale	
Amount (\$) \$49.84	Payee address; City; 10355 Harwin Dr Houston, TX 77036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense blank shirts for campaign logo
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 14/18	2 FILER NAME Wilson, Kathryn (Ms.)	3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/08/2026	5 Payee name GoDaddy	
6 Amount (\$) \$14.30	7 Payee address; City; 2155 E GoDaddy Way Tempe, AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 01/09/2026	Payee name GoDaddy	
Amount (\$) \$1.70	Payee address; City; 2155 E GoDaddy Way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 01/12/2026	Payee name GoDaddy	
Amount (\$) \$35.30	Payee address; City; 2155 E GoDaddy Way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 15/18	2 FILER NAME Wilson, Kathryn (Ms.)	3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/13/2026	5 Payee name GoDaddy	
6 Amount (\$) \$3.10	7 Payee address; City; 2155 E GoDaddy Way Tempe, AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 01/14/2026	Payee name GoDaddy	Office held
Amount (\$) \$1.70	Payee address; City; 2155 E GoDaddy Way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 01/16/2026	Payee name GoDaddy	Office held
Amount (\$) \$19.62	Payee address; City; 2155 E GoDaddy Way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 16/18	2 FILER NAME Wilson, Kathryn (Ms.)	3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/20/2026	5 Payee name GoDaddy	
6 Amount (\$) \$78.50	7 Payee address; City; 2155 E GoDaddy Way Tempe, AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/02/2026	Payee name HEB	
Amount (\$) \$78.00	Payee address; City; 1621 Mason Rd Katy, TX 77450	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense stamps
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/16/2026	Payee name Hall, Terrance	
Amount (\$) \$330.00	Payee address; City; 7937 Count St. Houston, TX 77028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for food drive.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 17/18	2 FILER NAME Wilson, Kathryn (Ms.)	3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/13/2026	5 Payee name M3 Graphics	
6 Amount (\$) \$35.98	7 Payee address; City; 11730 Wilcrest Dr. Houston, TX 77009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense endorsement questionnaires printed
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/16/2026	Payee name M3 Graphics	
Amount (\$) \$701.46	Payee address; City; 11730 Wilcrest Dr. Houston, TX 77009	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense yard signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/04/2026	Payee name Simplystamps.com	
Amount (\$) \$58.41	Payee address; City; 2021 St Augustine Rd E Suite 2 Jacksonville, FL 32207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense return address stamp
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 18/18	2 FILER NAME Wilson, Kathryn (Ms.)	3 Filer ID (Ethics Commission Filers) 00090121	
4 Date 01/02/2026	5 Payee name USPS.Com		
6 Amount (\$) \$392.75	7 Payee address; City; 475 L'Enfant Plaza SW Washington, DC 20260		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense stamps for mailers	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held